

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10-031,765	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	1		1		1		51		1		
2		1		1		1	52		1		
3		1		1		1	53	1		1	
4		2		2		2	54		1		
5		2		2		2	55		1		
6		1		1		1	56		1		
7	1		1			1	57		1		
8		1		1		1	58		1		
9		1		1		1	59		1		
10		1		1		1	60		1		
11		1		1		1	61		1		
12		1		1		1	62	1		1	
13		1		1		1	63		1		
14		2		2		2	64		1		
15		2		2		2	65		1		
16		2		2		2	66		1		
17		2		2		2	67		1		
18		1		1		1	68		1		
19		①		2		2	69		1		
20		①		2		2	70		1		
21		1		2		2	71		1		
22		2		2		2	72		1		
23		2		2		2	73				
24		2		2		2	74				
25		2		2		2	75				
26		2		2		2	76				
27		2		2		2	77				
28		2		2		2	78				
29	1		1			1	79				
30		1		1		1	80				
31		1		1		1	81				
32		1		1		1	82				
33		1		1		1	83				
34		1		1		1	84				
35		1		1		1	85				
36		1		1		1	86				
37		1		1		1	87				
38		2		2		2	88				
39		2		2		2	89				
40		2		2		2	90				
41		1		1		1	91				
42		1		1		1	92				
43		1		1		1	93				
44		①		2		2	94				
45		2		2		2	95				
46		1		1		1	96				
47		1		1		1	97				
48		1		1		1	98				
49		1		1		1	99				
50		①		2		2	100				
TOTAL IND.							TOTAL IND.	4			
TOTAL DEP.							TOTAL DEP.	25		88	
TOTAL CLAIMS							TOTAL CLAIMS	29		94	